

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

08-02-2004 90006 045 \*\*\*100.00

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P00000099010

1. Entity Name

JM INSTALLATION, INC.

Principal Place of Business

6485 WEST 27TH AVENUE  
BL. 41 #11  
HIALEAH FL 33016

Mailing Address

6485 WEST 27TH AVENUE  
BL. 41 #11  
HIALEAH FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1052176

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, JAIRO E  
6485 WEST 27TH AVENUE  
BL. 41 #11  
HIALEAH FL 33016

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

07-27-2004

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 ☐

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MARTINEZ, JAIRO E  
STREET ADDRESS 6485 WEST 27TH AVENUE BL. 42 #11  
CITY-ST-ZIP HIALEAH FL 33016

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-27-2004 786 402 0769

Attachment 57066006  
Doc. # P00000099010

**JM INSTALLATION Inc.**

6485 W. 27<sup>th</sup> Ave # 11  
Hialeah, FL - 33016  
786-402-0868 Fax: 305-944-8962

July 27, 2004

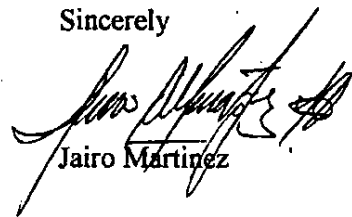
**Ref: JM INSTALLATION**  
**Document: P00000099010**

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**To Whom It May Concern:**

This letter is to inform you that in the month of April our company spoke to your agency. Why we have not received the annual report form and at that time your agency said that we had to wait till June or July. We did not send in the annual payment because we didn't have the form. Please check into our record and be aware that we are never late on our payments. We really hope you can help us with this problem.

Sincerely



Jairo Martinez